Seroprevalence of HIV, hepatitis B, and syphilis in an urban population and isolated villages in Gabon

Introduction
In the past, Gabon had one of the lowest fertility rates in Africa and genital infections have been demonstrated as having a major role. Public health efforts have been made to reduce the impact of sexually transmitted diseases (STDs), but they have not concerned isolated communities where healthcare provision is commonly lacking.

Method
Using a cluster sampling method, a representative sample of 456 adults living in the town of Franceville (30,000 inhabitants) was compared with the 211 adults living in five gold panning villages in the Nouna area.

At the beginning of 1996, socio-demographic characteristics were gathered and a blood sample was taken for testing for the following:

1. HIV—screening by enzyme immunoassay (Geneva mixt Sanofi-Pasteur, Marnes-la-Coquette, France and Enzygnost Anti-HIV/1-2, Behring, Marburg, Germany). Differentiation between HIV-1 and HIV-2 with a third enzyme immunoassay (Multispot HIV-1/2 HIV-2, Sanofi-Pasteur, Marnes-la-Coquette, France).
2. Hepatitis B—detection of Ag HBs by enzyme immunoassay (Monolisa Ag HBs, Sanofi-Pasteur, Marnes-la-Coquette, France).

The data were analysed using the χ² test, the Fisher’s exact test, and the Mantel–Haenszel χ² test for stratified analysis. Prevalence was estimated with a confidence interval of 95%. The observed differences were considered as significant for an alpha error of 5%. The seroprevalence rates were adjusted by sex.

Results
The seroprevalence rates for HIV are not significantly different in the two population (table 1), and remain lower than in the capital, Libreville (3.7% among the blood donors in 1995). In Franceville, the seroprevalence rate of HIV-1 has doubled since the last similar survey in 1988. During the same time, this rate has multiplied by only 1.3 in Libreville. The HIV seroprevalence in the two populations and, more generally in Gabon, remains relatively low compared with the seroprevalence commonly noted in Central Africa. No HIV-2 was found during these surveys, confirming its very low seroprevalence in Gabon.

The population at risk for hepatitis B is different in the two sites. In Franceville, the risk of being Ag HBs positive is greater for west Africans than for central Africans (7/20 vs. 2/31, RR=1.18, 95% CL=0.45–3.29), but this risk exists only for women cohabiting. So it is mainly the social status of these immigrant women that exposes them to the risk of contamination—cloistered at home, with little access to prevention and treatment, they are the inevitable victims of the extra-conjugal contaminations of their husband. In the villages, trading is the risk factor but only among men (13/31 vs. 28/118, RR=1.83, 95% CL=1.08–3.08). It could be proposed that travelling to the city to restock would permit a man to have more sexual partners than a woman.

Table 1: Seroprevalence rates (in %) of three STDs, among two general populations of adults living in Gabon, in 1996

<table>
<thead>
<tr>
<th></th>
<th>Franceville</th>
<th>Nouna</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>HIV 1</td>
<td>453</td>
<td>1.0</td>
<td>(02)</td>
</tr>
<tr>
<td>HBV 442</td>
<td>11.5</td>
<td>(22)</td>
<td>14.5</td>
</tr>
<tr>
<td>Syphilis 452</td>
<td>5.6</td>
<td>(11)</td>
<td>11.0</td>
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Figures in parentheses = number of positive cases.
*Seroprevalence adjusted by sex.

The seroprevalence rate of syphilis in Franceville is low for a central African city. This seroprevalence was 13.3% in 1987 (χ²=4.68, p<0.05). The actual low seroprevalence could be the result of the joint action of the hospital and the International Center for Medical Research at Franceville: 5000 women attending prenatal consultation have been tested annually and eventually treated, as were their partners, since 1984.

Discussion
The seroprevalence rate in the villages is three times greater than that in Franceville. The role of non-venerable syphilis cannot be neglected. No cases of yaws have been notified in Franceville for 20 years. Epidemiological data concerning a remote area such as Nouna are not available, but environmental factors appear more favourable to the ongoing endemity of yaws. However, this kind of lesion was not seen among the study population.

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